

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type.
Soo
Specific
Instruc-
tions.

C Name of organization

CANCER FUND OF AMERICA, INC.

Number and street (or P.O. box if mail is not delivered to street address)

2901 BREEZEWOOD LANE

Room/suite

City or town, state or country, and ZIP + 4

KNOXVILLE

TN 37921-1099

D Employer identification no.

58-1766061

E Telephone number

865-938-5281

F Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," att. a list See instr.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.CFOA.ORG

J Organization type

(check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

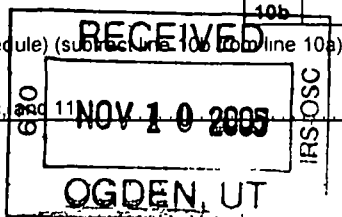
K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 21,275,466

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received.				
a	Direct public support	1a	20,866,296		
b	Indirect public support	1b	170,321		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 13,781,291 noncash \$ 7,255,326)	1d	21,036,617		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	7,874		
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	31,513	
b	Less cost or other basis and sales expenses	8b	30,384		
c	Gain or (loss) (attach schedule)	8c	1,129		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	1,129		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	199,462		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	21,245,082		
13	Program services (from line 44, column (B))	13	5,901,460		
14	Management and general (from line 44, column (C))	14	708,158		
15	Fundraising (from line 44, column (D))	15	14,635,223		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	21,244,841		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	241		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,057,963		
20	Other changes in net assets or fund balances (attach explanation)	20	51,800		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,110,004		

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SEE STATEMENT 2

23

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

Functional Expenses

and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals STMT 3	23 3,216,379	3,216,379		
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25 419,100	298,045	101,805	19,250
26 Other salaries and wages	26 683,345	613,940	17,924	51,481
27 Pension plan contributions	27 34,805	34,805		
28 Other employee benefits	28 268,446	178,686	73,202	16,558
29 Payroll taxes	29 99,685	79,984	11,420	8,281
30 Professional fundraising fees	30 13,186,685			13,186,685
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 22,518	14,276	1,104	7,138
34 Telephone	34 44,514	24,484	7,789	12,241
35 Postage and shipping	35 1,111,239	661,597	113,593	336,049
36 Occupancy	36 23,066	12,686	4,037	6,343
37 Equipment rental and maintenance	37 4,562	2,509	798	1,255
38 Printing and publications	38 551,188	222,658	82,756	245,774
39 Travel	39			
40 Conferences, conventions, and meetings	40 103,871	57,129	18,177	28,565
41 Interest	41 49,871	27,429	8,727	13,715
42 Depreciation, depletion, etc. (attach schedule)	42 97,726	53,749	17,102	26,875
43 Other expenses not covered above (itemize): a	43a			
b SEE STATEMENT 4	43b 1,327,841	403,104	249,724	675,013
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-16	44 21,244,841	5,901,460	708,158	14,635,223

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☒ No ☐

If "Yes," enter (i) the aggregate amount of those joint costs \$ 17,552,938 (ii) the amount allocated to Program services \$ 2,633,463 ;

(iii) the amount allocated to Management and general \$ 708,158 and (iv) the amount allocated to Fundraising \$ 14,211,317

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	PATIENT SERVICES - FINANCIAL AND OTHER ASSISTANCE TO CANCER PATIENTS AND THEIR CAREGIVERS	(Grants and allocations \$ _____)	3,851,235
b	COMMUNITY SERVICES - FINANCIAL AND OTHER ASSISTANCE TO COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES TO ILL AND NEEDY INDIVIDUALS	(Grants and allocations \$ _____)	1,846,625
c	PUBLIC HEALTH EDUCATION - DISTRIBUTION OF EDUCATIONAL MATERIALS VIA DIRECT MAIL AND PERSONAL VOLUNTEERS	(Grants and allocations \$ _____)	203,600
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		5,901,460

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	201,552	45	388,656
46	Savings and temporary cash investments		46	
47a	Accounts receivable		47a	
b	Less: allowance for doubtful accounts		47b	
47c			47c	
48a	Plodges receivable	793,124	48a	
b	Less: allowance for doubtful accounts		48b	
48c		974,851	48c	793,124
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)	SEE WORKSHEET	50	431,250
51a	Other notes and loans receivable (attach schedule)	SEE WORKSHEET	51a	1,637
b	Less: allowance for doubtful accounts		51b	
51c		3,135	51c	1,637
52	Inventories for sale or use	2,326,751	52	2,325,757
53	Prepaid expenses and deferred charges		53	
54	Investments-securities		54	
55a	Investments-land, buildings, and equipment basis		55a	
b	Less: accumulated depreciation (attach schedule)		55b	
55c			55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment, basis	1,578,137	57a	
b	Less: accumulated depreciation (attach schedule)	SEE STATEMENT 6	57b	475,756
57c		1,102,093	57c	1,102,381
58	Other assets (describe SEE STATEMENT 7)	126,682	58	192,549
59	Total assets (add lines 45 through 58) (must equal line 74)	5,176,712	59	5,235,354
60	Accounts payable and accrued expenses	1,289,009	60	1,254,332
61	Grants payable	90,000	61	127,500
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)	SEE WORKSHEET	64b	743,518
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	2,118,749	66	2,125,350
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	3,057,963	67	3,110,004
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,057,963	73	3,110,004
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	5,176,712	74	5,235,354

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	21,245,082
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	21,245,082
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	21,245,082

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	21,244,841
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	21,244,841
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	21,244,841

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES REYNOLDS 24509 WALROCK LA KNOXVILLE TN 37921	PRESIDENT 40	192,500	6,927	0
ROSE PERKINS 7523 E. KAEL CIRCLE MESA AZ 85207	VICE PRES 40	133,100	4,790	0
KYLE EFFLER 2901 BREEZEWOOD KNOXVILLE TN 37921	CFO 40	93,500	3,365	0
CAROL CRUZE 5500 JONES RD KNOXVILLE TN 37918	CHAIRMAN 1	0	0	0
INEZ PRIGMORE 125 UNION AVE LUTTRELL TN 37779	DIRECTOR 1	0	0	0
LOIS WELCH 7919 QUAIL RUN DR KNOXVILLE TN 37928	DIRECTOR 1	0	0	0
MARIA SNIDER 1212 BOXWOOD DR APOPKA FL 32703	SECRETARY 1	0	0	0
DEAN MEADE 800 NORTH MAGNOL ORLANDO FL 32803	DIRECTOR 1	0	0	0
JESS GROESBECK 1418 EAST BLACKB MT VERNON WA 98274	MED ADVISOR 1	0	0	0
GARY FISH 228 EASTVIEW DR ALPINE UT 84004	DIRECTOR 1	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
If "Yes," attach schedule-see page 28 of the instructions

► ☐ Yes ☒ No

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a X	
b If "Yes," enter the name of the organization CANCER FUND OF AMERICA SUPPORT SRVCS and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b N/A	
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h N/A	
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed SEE ATTACHED STATEMENT	90b	30
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		
91 The books are in care of KYLE EFFLER Located at KNOXVILLE, TN	Telephone no 865-938-5281 ZIP + 4 37921-1099	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,874	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,129	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b MAILING LIST RENTAL			13	189,237	
c MISCELLANEOUS INCOME			1	10,225	
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	208,465	0
105 Total (add line 104, columns (B), (D), and (E))					208,465

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

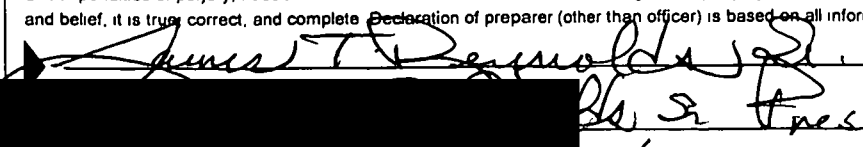
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
	 Kenneth T. Reynolds President Date 11-07-2005
	Check if self- <input type="checkbox"/> Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

CANCER FUND OF AMERICA, INC.

58-1766061

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. ben. plans & deferred comp.	(e) Expense account and other allowances
JAMES REYNOLDS, JR 10506 E. OBISPO RD. MESA AZ 85212	FUNDRAISING DIR 40	83,600	19,286	0
PEGGY LEWIS 2223 N 56TH STREET MESA AZ 85215	HOSPICE COORDINATOR 40	71,500	16,340	0
JOSHUA LOVELESS 4071 E. SIDEWINDER CT. GILBERT AZ 85297	PATIENT SVC COUNSELOR 40	69,300	15,598	0
BRIAN MORSE 5932 E. INGRAM ST MESA AZ 85205	WAREHOUSE MGR 40	70,950	11,775	0
CLAUDETTE PERKINS 1849 S. POWER RD #1247 MESA AZ 85206	VOLUNTEER CRDNTR 40	55,000	14,400	0
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ASSOCIATED COMMUNITY SERVICES 24681 NORTHWESTERN HWY SOUTHFIELD MI 48075	TELEMARKETING	3,815,890
CIVIC DEVELOPMENT GROUP 425 RARITAN CTR PKWY EDISON NJ 08837	TELEMARKETING	3,033,780
PREFERRED COMMUNITY SERVICES 5656 W 74TH ST INDIANAPOLIS IN 46278	TELEMARKETING	864,513
ORGANIZATIONAL DEVELOPMENT 5311 LAKE WORTH RD LAKE WORTH FL 33463	TELEMARKETING	755,102
DAYCOM TELEMARKETING 2001 E. BROADWAY BOLIVAR MO 65613	TELEMARKETING	348,751
Total number of others receiving over \$50,000 for professional services	5	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit? SEE STATEMENT 8	X	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants and contributions received. (Do not include unusual grants. See line 28.)	19,548,335	19,245,504	17,684,470	14,898,370	71,376,679
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	329		4,038	12,232	16,599
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 9	185,062	166,812	138,640	130,208	620,722
23 Total of lines 15 through 22	19,733,726	19,412,316	17,827,148	15,040,810	72,014,000
24 Line 23 minus line 17	19,733,726	19,412,316	17,827,148	15,040,810	72,014,000
25 Enter 1% of line 23	197,337	194,123	178,271	150,408	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					
d Add Amounts from column (e) for lines: 18 19					
22 26b					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2003) (2002) (2001) (2000)					
c Add Amounts from column (e) for lines 15 17	71,376,679				
20 21					
d Add Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					99.1150%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.0230%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is-			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions)

a Transfers from the reporting organization to a noncharitable exempt organization of

(ii) Other assets

b Other transactions:

(l) Sales or exchanges of assets with a noncharitable exempt organization

(ii) **Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Forms 990 / 990-PF	Receivables Due from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2004
For calendar year 2004, or tax year beginning , and ending		

Name CANCER FUND OF AMERICA, INC.	Employer Identification Number 58-1766061
--	--

FORM 990, PART IV, LINE 50 - ADDITIONAL INFORMATION

Name of borrower	Title
(1) JAMES T. REYNOLDS	PRESIDENT
(2) ROSE PERKINS	VICE PRESIDENT
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 276,000	1/01/03		ON DEMAND	1.710
(2) 148,000	1/01/03		ON DEMAND	1.710
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(2) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) NONE	336,855	280,719	
(2) NONE	104,793	150,531	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	441,648	431,250	

For calendar year 2004, or tax year beginning , and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) EMPLOYEE RECEIVABLES	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	3,135	1,637	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	3,135	1,637	

For calendar year 2004, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) BANK ONE	
(2) FIRST TENNESSEE BANK	
(3) CHRYSLER FINANCIAL	NONE
(4) FIRST TENNESSEE BANK	NONE
(5) FIRST TENNESSEE BANK	NONE
(6) FIRST TENNESSEE BANK	NONE
(7) FIRST TENNESSEE BANK	NONE
(8) JEFFERSON PILOT LIFE INSURANCE	NONE
(9) BANK ONE	NONE
(10) FIRST TENNESSEE BANK	NONE

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	8/19/02	8/19/11	\$5000.00 PER MONTH	6.920
(2)	5/08/02	5/08/07	\$7875.00 PER MONTH	6.500
(3) 19,855	12/19/01	12/04/04	\$551.53 PER MONTH	
(4) 21,250	3/23/01	3/23/04	\$665.00 PER MONTH	7.800
(5) 22,238	12/03/01	12/03/04	\$682.49 PER MONTH	6.500
(6) 21,403	8/28/01	8/28/04	\$671.84 PER MONTH	8.000
(7) 17,250	1/11/02	12/11/04	\$529.41 PER MONTH	6.500
(8) 75,000	4/01/02	1/01/06	\$1700.00 PER MONTH	2.000
(9) 40,000	12/16/02	8/01/06	MINIMUM PAYMENTS	3.250
(10) 150,000	1/05/04	1/05/09	\$1700.00 PER MONTH	6.250

Security provided by borrower	Purpose of loan
(1)	MORTGAGE
(2)	MORTGAGE
(3) 2002 CHRYSLER SEBRING	AUTO LOAN
(4) 2001 OLDSMOBILE SILHOUTTE VAN	AUTO LOAN
(5) 2002 KIA SEDONA VAN	AUTO LOAN
(6) 2001 LINCOLN TOWN CAR	AUTO LOAN
(7) 2002 KIA OPTIMA	AUTO LOAN
(8) CSV OF LIFE INSURANCE ON PRESIDENT	WORKING CAPITAL
(9) NONE	OPERATING CAPITAL
(10) LIFE INSURANCE ON OFFICER	OPERATING CAPITAL

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	355,017	318,656
(2)	287,849	204,006
(3) NONE	6,619	
(4) NONE	1,927	
(5) NONE	7,869	
(6) NONE	5,169	
(7) NONE	6,108	
(8) NONE	39,132	19,336
(9) NONE	30,050	39,856
(10) NONE		120,803
Totals	739,740	702,657

For calendar year 2004, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) FIRST TENNESSEE BANK	NONE
(2) CHRYSLER FINANCIAL	NONE
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 15,150	9/07/04	9/07/06	\$871.63 PER MONTH	5.950
(2) 29,715	7/31/04	9/15/09	\$692.87 PER MONTH	13.840
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) KIA AMANTI	AUTOMOBILE LOAN
(2) TOWN & COUNTRY VAN	AUTOMOBILE LOAN
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) NONE		12,720
(2) NONE		28,141
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		40,861

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
2001	OLDS SILHOUTTE	PURCHASE	NON-RELATED INDIVIDU	3/23/01	10/06/04	\$ 11,900	\$ 31,121	\$ 21,785	\$ 2,564
2002	KIA OPTIMA	PURCHASE		12/11/01	1/18/04	8,268	19,355	8,387	-2,700
2002	CHRYSLER SEBRING	PURCHASE	NON-RELATED INDIVIDU	12/19/01	9/30/04	11,345	22,400	12,320	1,265
TOTAL						\$ 31,513	\$ 72,876	\$ 42,492	\$ 1,129

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
SPLIT-DOLLAR INSURANCE PRIOR PERIOD ADJUSTMENT	\$ <u>51,800</u>
TOTAL	\$ <u>51,800</u>

Federal Statements

Statement 3 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
TO FIN. INDIGENT CANCER PATIENTS	\$ 96,854
SEE ATTACHED STMT (ASST. TO ORGS.)	3,119,525
TOTAL	<u>\$ 3,216,379</u>

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
MAILING SERVICES	156,262	62,505	23,439	70,318
DATA PROCESSING	167,542	70,459	25,705	71,378
LIST RENTALS	230,187	92,075	34,528	103,584
DIRECT MAIL CONSULTANT	193,408	77,363	29,011	87,034
SWEEPSTAKES EXPENSE	27,540	5,508		22,032
OTHER PROFESSIONAL SERVICES	356,025	21,219	55,586	279,220
ADVERTISING	11,542	4,617	1,731	5,194
INSURANCE	54,760	30,118	9,583	15,059
REPAIRS & MAINTENANCE	54,331	29,882	9,508	14,941
DUES & SUBSCRIPTIONS	7,498	4,495	1,168	1,835
MISCELLANEOUS	-2,099	4,863	-11,380	4,418
STATE REGISTRATION FEES	3,795		3,795	
SERVICE CHARGES	67,050		67,050	
TOTAL	<u>\$ 1,327,841</u>	<u>\$ 403,104</u>	<u>\$ 249,724</u>	<u>\$ 675,013</u>

Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

TO PROVIDE DIRECT FINANCIAL AID AND OTHER SUPPORT AND SERVICES TO FINANCIALLY INDIGENT CANCER PATIENTS; TO DESSEMINATE INFORMATION CONCERNING THE EARLY DETECTION AND PREVENTION OF CANCER; TO PROVIDE GRANTS AND GIFTS IN KIND TO HOSPICES, OTHER HEALTH CARE PROVIDERS, AND TO VARIOUS NON-PROFIT COMMUNITY SERVICE ORGANIZATIONS WHICH AID THE ILL, NEEDY AND INFANTS.

Federal Statements

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
LAND	\$ 130,303	\$	\$ 130,303	\$
BUILDING & IMPROVEMENTS	946,595		988,568	
OFFICE FURNITURE & EQUIPMENT	185,633		193,491	
AUTOMOBILES	263,132		265,775	
ACCUMULATED DEPRECIATION		423,570		475,756
TOTAL	<u>\$ 1,525,663</u>	<u>\$ 423,570</u>	<u>\$ 1,578,137</u>	<u>\$ 475,756</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CSV OF LIFE INSURANCE	\$ 126,682	\$ 192,549
TOTAL	<u>\$ 126,682</u>	<u>\$ 192,549</u>

Statement 8 - Schedule A, Part III, Line 2b - Lending of Money or Extension of Credit

AMOUNTS LOANED TO OFFICERS RELATE TO THE ABOLISHMENT OF SPLIT DOLLAR LIFE INSURANCE POLICIES. THE EXCESS OF THE HISTORICAL PREMIUMS PAID ON THE POLICIES OVER THE AMOUNT DERIVED UNDER THE IRS FORMULA WERE RECLASSIFIED TO LOANS TO OFFICERS.

Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2003	2002	2001	2000
MAILING LIST RENTAL	\$ 182,323	\$ 157,436	\$ 129,946	\$ 130,208
MISCELLANEOUS INCOME	2,739	9,376	8,694	
TOTAL	<u>\$ 185,062</u>	<u>\$ 166,812</u>	<u>\$ 138,640</u>	<u>\$ 130,208</u>

Attachment to Form 990
Part VI, Line 90a

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Florida
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

Cancer Fund of America, Inc.
Form 990, Page 2, Part II
Line 23
12/31/2004

<u>Name</u>	<u>Non-Cash Contribution</u>
Blue-Gray Community Hospice	7,509
Hospice of Limestone County	5,518
Wiregrass Hospice-Eufaula	6,492
SEASHA	6,176
Hospice of the Highland	6,976
Rio International Outreach	33,457
Family Home HC S.E.	7,637
Seymour Childcare & Learning	5,703
Family Home Health SE	5,604
St Mary's Home Health	8,521
Share Food Bank	540,610
Angelic Ministry	9,821
Knoxville-Knox County Cal	21,738
Halls Lions Club	54,922
God's Jail Ministry	11,099
Hospice Direct, Inc.	9,165
Christian Applachian	200,383
Merizdo Center Ministries	927,943
CVDHD Hospice	8,894
Kentucky Homeplace	501,665
KY River Area Dev. Dist	8,897
LCCS Services	730,795
Total Assistance to Organizations	<u><u>3,119,525</u></u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8738 to request an extension of time to file Form 1065, 1066, or 1041 Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	CANCER FUND OF AMERICA, INC. Number, street, and room or suite no. If a P.O. box, see instructions 2901 BREEZEWOOD LANE City, town or post office, state, and ZIP code For a foreign address, see instructions KNOXVILLE TN 37921-1099	58-1766061

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ Kyle EfflerTelephone No. ▶ 480-654-4715

FAX No. ▶

● If the organization does not have an office or place of business in the United States, check this box ☐

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 8/15/05 to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 2004 or
- ▶ ☐ tax year beginning _____ and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 12-2004)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	CANCER FUND OF AMERICA, INC.		58-1766061
	Number, street, and room or suite no. If a P.O. box, see instructions. 2901 BREEZEWOOD LANE		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE TN 37921-1099		

Check type of return to be filed (File a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **KYLE EFFLER**
Telephone No **480-654-4715** FAX No ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15/05**
- 5 For calendar year **2004**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CFA** Date **8/9/05**

Notice to Applicant-To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other

By _____

Director _____

Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	PINKSTAFF, DANIELS & SIMPSON, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 8858 CEDAR SPRINGS LANE, SUITE 5000
	City or town, province or state, and country (including postal or ZIP code) KNOXVILLE TN 37923